

Maryland State Board of Elections - Campaign Fund Report Summary Sheet

Forms May Be Duplicated As Needed

A. Name of Account (as filed with Election Office) BONNIE SMITH BORSA, CANDIDATE		B. Account Number (Assigned by election office). 2809	
C. Elective Office BOARD OF EDUCATION	D. District Represented FREDERICK COUNTY	E. Bank Account Information	
		Bank Name	Bank Account Number
		E1. Checking Account ALLFIRST	970086554
E2. Other Accounts if Any			

F. Reporting Due Dates and Transaction Periods.

Report Due Date: 8-13-02

Beginning Transaction Date: 7-10-02 Ending Transaction Date: 8-06-02
(please refer to your Pre Report Notice for the correct dates)

G. Final Report - Check if report is "final" and account is to be terminated. Cannot be final if a cash balance or outstanding debt remains.

H. Amendment - This report amends the report Filed on: _____ (Original Report due date)

Important: To avoid filing amendments it is essential that you read the detailed instructions relating to all entries on the reverse side of each form, check your math on each schedule and place entries in proper columns.	Column A - TOTALS Current Period	Column B - TOTALS Prior Period	Column C - TOTALS to Date
	Enter Total Figures from Attached Schedules	Enter Figures from Column C of Previous Report	Add Columns A and B across to complete this Column
I. ITEMIZED TRANSACTIONS			
J. Contributions, Transfers in and other Income - Schedule 1, 1A, and 1B			
J1. Cash Balance from Line LL of 2/1/99 Rpt (Enter in Col B and C) - <i>Continuing Committees Only</i>			
K. Contributions - Schedule 1, Column 4	\$1335.00		1335.00
L. Ticket Purchases - Schedule 1, Column 5	-		-
M. Federal Committees - Schedule 1, Column 6	-		-
N. Political Clubs - Schedule 1, Column 7	-		-
O. Transfers In - Md. Candidate and Slate Accounts - Schedule 1A, Column 10	-		-
P. Transfers In - Md. Pol. Party Central Committee Accounts - Schedule 1A, Column 11	-		-
Q. Transfers In - PAC Accounts - Schedule 1A, Column 12	-		-
R. Loans Received - Schedule 1B, Column 15	-		-
S. Other - Schedule 1B, Column 16	-		-
T. Total Money Receipts (Col. A Lines K through S) (Col. B & C Lines J1 through S)	\$1335.00		\$1335.00
U. Value of In-Kind Contributions Received - Schedule 1B, Column 17	-		-
V. Total Receipts - (Col. A Lines T + U) (Col. C. Lines T + U)	\$1335.00		\$1335.00
W. Expenditures - Schedule 2			
X. Salaries and Other Compensation - Column 22	-		-
Y. Rent and Other Office Expenses - Column 23	-		-
Z. Field Expenses - Column 24	-		-
AA. Media - Column 25	-		-
BB. Printing and Campaign Materials - Column 26	667.94		667.94
CC. Direct Mailing by Mail House - Column 27	-		-
DD. Postage - Column 28	96.20		96.20
EE. Purchase of Equipment - Column 29	-		-
FF. Expenses of your Fundraising Events - Column 30	-		-
GG. Transfers Out to Other Maryland Treasurers - Column 31	-		-
HH. Loan Repayment - Column 32	-		-
II. Other - Column 33	90.72		90.72
JJ. In-Kind Contributions Received (enter same figure as line U above)	-		-
KK. Total Expenditures (add lines X through JJ above)	\$848.86		848.86
LL. Cash Balance (Subtract line KK, Column C from line V, Column C)			486.14
Cash Balance Information			
MM. Cash Balance in Checkbook at the End of the Report Transaction Period.			486.14
NN. Cash Balance in Interest Bearing Accounts at the End of the Transaction Period.			-
Outstanding Obligations - Schedule 3			
OO. Balance of Loans at the End of the Transaction Period. - Column 42			
PP. Outstanding Bills at the End of the Transaction Period. - Column 43			
QQ. Total Obligations Outstanding. (Add lines OO and PP in Column C)			

Under Penalty of Perjury, we declare that we have examined this report, including accompanying schedules, and to the best of our knowledge and belief they are complete and accurate

RR. Signature of Candidate (Not required for Committee or Slate Reports) Bonnie Smith Borsa Print name of candidate Bonnie Smith Borsa date 8-8-02

SS. Signature of Treasurer (Required for all reports) Joanne Townsend Cowley Print name of treasurer JOANNE TOWNSEND COWLEY date 8-8-02

TT. Signature of Chairman (Required for Committee or Slates Reports only) _____ Printed name of Chairman _____ date _____

All Reports Filed Must Bear Original Signatures.

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE.

For Board Use Only

2002 AUG 13 AM 10:14

FREDERICK COUNTY BOARD OF ELECTIONS

SBE-1003 (Rev 4-99)

Schedule 1 - Contributions
 (see schedules 1A and 1B for other types of Income)

See instructions on reverse side

(c) Name of Account BONNIE ^{SMITH} BORSA, CANDIDATE

(d) Campaign Fund Account Number 2809

1 Date Received	2 Received From		3 paid by		4 Contributions other than ticket purchases from an Individuals, Corporations, etc.	5 Ticket purchases by Individuals, Corporations etc.	6 Contributions from Federal Committees (Include ticket purchases)	7 Contributions from Political Clubs (include ticket purchases)
	Complete Name and Address For entries in columns 6 and 7 list name and address of the entity.	This column must be completed (see reverse side, Column 2)	C H E C K	C A S H				
7-16-02	BONNIE BORSA 6236 WHITE OAK DR. FRED, MD 21701	Aggregate to Date: \$300.00	✓		\$300.00	Price Per Ticket: \$		
7-10-02	JOANNE CAWLEY 6363 CLARIDGE DR. N. FREDERICK, MD 21701	Aggregate to Date: \$100.00	✓		\$100.00	Price Per Ticket: \$		
7-26-02	LISE O'CONNELL 8913 BRADFORD WAY FREDERICK, MD 21701	Aggregate to Date: \$100.00	✓		\$100.00	Price Per Ticket: \$		
7-26-02	KATHLEEN IGO 8223 FOXHUNT LANE FREDERICK, MD 21702	Aggregate to Date: \$250.00	✓		\$250.00	Price Per Ticket: \$		
8-2-02	JAMES AIRD 12608 WEST OAK DR. MT. AIRY, MD 21771	Aggregate to Date: \$100.00	✓		\$100.00	Price Per Ticket: \$		
★	MISCELLANEOUS CONTRIBUTIONS UNDER \$51.00	Aggregate to Date: \$485.00	✓		\$485.00	Price Per Ticket: \$		
		Aggregate to Date: \$				Price Per Ticket: \$		
		Aggregate to Date: \$				Price Per Ticket: \$		
		Aggregate to Date: \$				Price Per Ticket: \$		
		Aggregate to Date: \$				Price Per Ticket: \$		
TOTALS THIS PAGE					\$1335.00			
					(4)	(5)	(6)	(7)

Failure to provide all the information required by this form will be regarded as a failure to file.

Schedule 1A – Transfers in
From Maryland Treasurers and Out of State Non-Federal Campaign Accounts
(see schedules 1 and 1B for other types of Income)

See instructions on reverse side

(c) Name of Account _____

(d) Campaign Fund Account Number _____

8	9	10	11	12	
Date Received	Name of the Campaign Account from which the transfer is received	This Column must be completed (see reverse side, Column 9)	From MD Candidate Accounts, Candidate Committee Accounts or State Accounts (Include Ticket Purchases)	From MD Political Party Central Committee Accounts (Include Ticket Purchases)	From MD PACs and Non Federal Out of State PACs (Include Ticket Purchases)
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
		Aggregate to Date \$			
TOTALS THIS PAGE			(10)	(11)	(12)

NONE

Failure to provide all the information required by this form will be regarded as a **FAILURE TO FILE.**

Schedule 1B

Other Receipts and In-Kind Contributions

(see schedules 1 and 1A for other types of Income)

See instructions on reverse side

(c) Name of Account _____

(d) Campaign Fund Account Number _____

13	14	15		16	17	18
Date Received	Complete Name and Address of Payor	Other Receipts		In-Kind Contribution	Fair Market Value of In-Kind Contribution Received (Describe in Column 18)	Remarks
		Loans Received (Also place on Schedule 3 if unpaid)	Other e.g. Refunds, Rebates, Items Sold, Interest or Other Misc. Income (Describe in Column 18)			
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
		Aggregate to Date:			Aggregate to Date:	
		\$			\$	
Totals This Page						
		(15)	(16)	(17)		

NONE

Failure to provide all the information required by this form will be regarded as a **FAILURE TO FILE.**

Schedule 2 - EXPENDITURES

See instructions on reverse side

(c) Name of Account BONNIE SMITH BORSA, 2809, CANDIDATE

(d) Campaign Fund Account Number 2809

Expenses must be paid by the treasurer, by check from the Campaign bank account - Checks must be signed by the treasurer.

19		20		21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Date	Name and Address To Whom Paid (List name of Candidate or Committee when completing column 31).	Check Number	Salaries and other Compensation	Rent and other office expenses	Field Expenses (Identify in col. 35)	Media (radio, T.V., newspapers, billboards)	Printing and Campaign Materials	Direct Mailing by Mail House	Postage	Purchase of Equipment (Identify in col. 35)	Expenses of Your Fundraising Events (Describe in col. 35)	Transfers Out to Other MD Treasurers (Includes Ticket Purchases)	Loan Repayment	Other (Describe in Col. 35)	Transfer to or from Interest Bearing Account (Enter Acct. # in Col. 35)	Remarks		
7/13/02	EVERGREEN GRAMMS 4604 WEDGWOOD BLVD FRED, MD 21703	93					136.60											
7/10/02	USPS FRED, MD	91							96.20									
7/10/02	AMERICAN SPEEDY 12 N. MARKET ST FRED, MD 21701	92					52.50											
7/10/02	" "	94					42.04											
7/19/02	SIGN-AT-RAMA 1507-D WEST PATRICK ST FRED, MD	99					50.40											
7/25/02	" "	1001					50.40											
7/29/02	M. PRINTS FRED, MD.	1003					30.00											
7/26/02	PARTY CITY 5600C URBANA AVE FRED, MD	1002														90.72		SIGNA WAYS RULLGAS, KEYCHAINS
8/1/02	SIGN-A-RAMA	1004					300.00											
TOTALS THIS PAGE							867.94									90.72		

Failure to provide all the information required by this form will be regarded as a failure to file.

Forms may be duplicated as needed.

(a) Page _____ of _____
(b) Report Due Date _____

Schedule 3 – Outstanding Obligations

See instructions on reverse side

(c) Name of Account _____

(d) Campaign Fund Account Number _____

36 Name and Address of Creditor	37 Date Loan Accepted or obligation incurred	Loans				41 In-Kind Interest Contribution (Enter on schedule. 1B Col. 17)	42 Balance	43 Balance Due	44 Description
		38 *Written Consent Previously Filed	38 Written Consent Filed Herewith	39 Interest Rate Charged	40 % of Prime Rate Day Loan is Accepted				
Totals This Page								(42)	(43)

*Article 33, § 13-208(b) provides that no loan may be made to the campaign of a candidate, or accepted on behalf of the campaign, without the written consent of the candidate. A copy of the written consent shall be furnished to the lender at the time of the loan. This consent is given on Schedule 4 of the Campaign Fund Reporting Forms for the transaction period for which the loan is made.

Failure to provide all of the information required by this form will be regarded as a FAILURE TO FILE.